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Form 990-PF

Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2014, or tax year beginning 2014, and ending Name of foundation Employer identification number Margaret G. Buckner Scholarship Trust Number and street (or P O box number if mail is not delivered to street address) 43-1735027 Room/suite R Telephone number (see instructions) P.O. Box 625
City or town, state or province, country, and ZIP or foreign postal code (660) 886-6396 C If exemption application is pending, check here. Marshall 65340-0625 G Check all that apply Initial return of a former public charity Initial return D 1 Foreign organizations, check here ▶ Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation ▶ Address change Name change X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here . . Fair market value of all assets at end of year Accounting method X Cash (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis) under section 507(b)(1)(B), check here . . . 1,100,811 Part Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in columns (b), (c), and (d) may not necesexpenses per books ıncome income for charitable purposes sarily equal the amounts in column (a) (cash basis only) (see instructions)) Contributions, qifts, grants, etc., received (attach schedule) . X if the foundn is not required to attach Sch B Interest on savings and temporary cash investments . 1.3 Dividends and interest from securities . . . 726 47,726 5 a Gross rents . . . b Net rental income or (loss) . . . 6 a Net gain or (loss) from sale of assets not on line 10 RW>WZJEW6 **b** Gross sales price for all assets on line 6a . . . Capital gain net income (from Part IV, line 2) 9.811 Net short-term capital gain . . . Income modifications 10 a Gross sales less returns and allowances . . C Gross profit or (loss) (attach schedule) Other income (attach schedule) . . MAY -2<u>,</u>534 Schedule K-1' ,534 534 45,205 95,016 Total Add lines 1 through 11. SCANNED 13 Compensation of officers, directors, trustees, etc -Other employee salaries and wages Pension plans, employee benefits 16a Legal fees (attach schedule). . L-16a Stmt. 232 232 232. b Accounting fees (attach sch). . L-16b Stmt. 395 1,300. 14,395 13,095 C Other prof fees (attach sch) - OPERATING Taxes (attach schedule)(see instrs) See Line.18 Stmt 638. 638. 638. 19 Depreciation (attach sch) and depletion . į V E 20 Occupancy 21 Travel, conferences, and meetings . . 22 Printing and publications . . 105. 105. 105. 23 Other expenses (attach schedule) See Line 23 Stmt 278. 230. 278 48. Total operating and administrative 24 expenses Add lines 13 through 23 -15,648 2,168. 15,648 13,480. Contributions, gifts, grants paid . . . 42,500. 42,500. 26 Total expenses and disbursements Add lines 24 and 25 15,648 58,148 2,168 55,980 27 Subtract line 26 from line 12: a Excess of revenue over expenses -12,943 and disbursements 92,848. b Net investment income (if negative, enter -0-). C Adjusted net income (if negative, enter -0-) 53,107.

Park M Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with 981,693. 2 -12,943. Other increases not included in line 2 (itemize) ▶ See Other Increases Stmt 3 3 68,116. 4 1,036,866. Decreases not included in line 2 (itemize) ▶ 5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 1,036,866.

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances

(see instructions)...........

R S

036,866

1,036,866

981,693.

981,693

	and Losses for Tax on Investme				
(a) List and de 2-story brick ware	scribe the kind(s) of property sold (e.g., rea ehouse, or common stock, 200 shares MLC	ll estate, C Company)	D) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a.240sh Kinder M		P		11/28/14	12/03/14
	rgan Energy Partners	₽_		03/18/14	11/28/14
c 750sh Realty In		P		03/13/13	09/22/14
d 301sh Dominion		P		09/03/08	02/07/14
e See Columns (a) thru (d)					(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (e) plus (f) mi	
a	10.		10.		0.
<u>b</u> 40,		· · · · · · · · · · · · · · · · · · ·	368.		11,376.
<u> </u>			911.		-1,960.
<u>d</u> 19,			924.		6,926.
e See Columns (e)			723.		33,469.
(i) Fair Market Value as of 12/31/69	showing gain in column (h) and owned by (i) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (ı), ıf any		(I) Gains (Co gain minus column (I jan -0-) or Losses (fi), but not less
a					0.
b					11,376.
С					-1,960.
d					6,926.
e See Columns (ı)	thru (I) 0.	<u> </u>	0.		33,469.
2 Capital gain net income o	If (loss), er	o enter in Part I, line 7 ter -0- in Part I, line 7	2		49,811.
If gain, also enter in Part in Part I, line 8	n or (loss) as defined in sections 1222(5) a I, line 8, column (c) (see instructions). If (lo	ss), enter -0-	3		23 , 550.
Part V Qualification	Under Section 4940(e) for Reduc	ed Tax on Net Investme	ent Income)	
If section 4940(d)(2) applies, le Was the foundation liable for the If 'Yes,' the foundation does no	e section 4942 tax on the distributable amo	ount of any year in the base peniplete this part.	od?	· · · · · Yes	X No
1 Enter the appropriate am	ount in each column for each year, see the	instructions before making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use asset	s (col	(d) Distribution umn (b) divided l	– –
2013	65,375.	843,	,969.		0.077461
2012	86,103.	811,	,739.		0.106072
2011	64,172.	964,	,692.		0.066521
2010	65,386.		,859.		0.070092
2009	69,869.	840,	,929.		0.083085
2 Total of line 1, column (d)		2		0.403231
3 Average distribution ratio number of years the foun	for the 5-year base period — divide the tot dation has been in existence if less than 5	el on line 2 by 5, or by the years	3		0.080646
4 Enter the net value of no	ncharitable-use assets for 2014 from Part >	(, line 5	· · · · <u>4</u>		801,364.
5 Multiply line 4 by line 3 .			5		64,627.
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		· · · · <u>6</u>	<u> </u>	928.
7 Add lines 5 and 6			7		65,555.
	ons from Part XII, line 4				55,980.
If time Q is served to serves	ater than line 7, check the box in Part VI, Iii	ne 1b, and complete that part us	sing a 1% tax	rate. See the	

	43-1/33				aye 4
	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instru	uction	s)		
1 a	Exempt operating foundations described in section 4940(d)(2), check here Land enter 'N/A' on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary – see instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			1,8	<u> 357.</u>
	check here . F and enter 1% of Part I, line 27b	Į			
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, column (b)				ــــــــــــــــــــــــــــــــــــــ
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable				
	foundations only Others enter -0-)				0.
3	Add lines 1 and 2			1,8	<u>357.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1,8	357.
6	Credits/Payments	İ			
а	2014 estimated tax pmts and 2013 overpayment credited to 2014	İ	*		
	Exempt foreign organizations — tax withheld at source	,	•		ĝ.
C	: Tax paid with application for extension of time to file (Form 8868) 6 c	İ			
	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d			6	540.
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			1,2	217.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				0.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax				
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1 a		Х
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	(see Instructions for the definition)?		1 b		х
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published		* {		
	or distributed by the foundation in connection with the activities				
	Did the foundation file Form 1120-POL for this year?		1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		N		
	(1) On the foundation • \$ (2) On foundation managers • \$		~ #		
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on				
_	foundation managers • \$			<u>. : 40</u>	<u> </u>
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	• • • •	2		X
	If 'Yes,' attach a detailed description of the activities	ļ	. &		**
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes		`\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		<u> </u>
			3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	• • •	4 a		Х
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	• • •	4 b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• • •	. 5		X
	If 'Yes,' attach the statement required by General Instruction T		_	•	iciko.
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict		1 i		- %
	with the state law remain in the governing instrument?		6	<u>X</u>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If Yes, complete Part II, column (c), and Part XV		7	Х	ļ
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions)				1
		_	(**
ŀ	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction \dot{G}^{2} If 'No,' attach explanation		8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)				<u> </u>
	for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				
BAA	and addresses		10 m 00	X	
		Ea	~~ nni		HILL AN

COLL	1990-FF (2014) Margaret G. Buckner Scholarship Trust	<u>43-173502</u>	<u>/</u>		age 3
Par	† VII-A Statements Regarding Activities (continued)				
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)		11		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person advisory privileges? If 'Yes,' attach statement (see instructions)	had	12	}	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application.	n?	13	Х	
14	Website address	1660			_ _ -
	Located at P D O Poy 721	<u> </u>	_0 <u>00</u> 7	240	<u>-</u>
15	Section 4947(a)(1) ponexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here	02340-072			Т
	and enter the amount of tax-exempt interest received or accrued during the year	► 15			니 ——
16	At any time duning calendar year 2014, did the foundation have an interest in or a signature or other authority over bank, securities, or other financial account in a foreign country?	era 	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 1). If 'Yes enter the name of the foreign country	s,' 			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		, · · · · · ·		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			Yes	No
1 8	During the year did the foundation (either directly or indirectly)		ži ~	`.	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes X No	7	121	,
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes XNo		,	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes X No]	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes X No		`	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes X No		; ; , * * *	
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the			.*	O.∰.a
	foundation agreed to make a grant to or to employ the official for a period after termination	Yes X No			* 2 .
l	b If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		1 b	** %	
	Organizations relying on a current notice regarding disaster assistance check here	► []		\$, A	. %.
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?		1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))				
•	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	Yes X No		; *	14
	If 'Yes,' list the years ▶ 20 _ , 20 _ , 20 , 20				*
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer 'No' and attach statement — see instructions.)		2 b	*.	
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here				, \$
	▶ 20 _ ,20 _ ,20 _ ,20 _ ,		ì	^	
3	a Did the foundation hold more than a 2% direct or indirect interest in any business	Yes X No		*,	*
	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to	_	***)	*
	(3) the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)		3 ь		
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purposes?				Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of				
	the tax year beginning in 2014?				Х
BA	A	F	orm 99	0-PF (2014)

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PaniVIIIB Statements Regarding Activit	ies for Which Form	1 4720 May Be Req	uired (continued)	-
5 a During the year did the foundation pay or incur a				
(1) Carry on propaganda, or otherwise attempt t	o influence legislation (se	ection 4945(e))?	Yes X	No No
(2) Influence the outcome of any specific public on, directly or indirectly, any voter registration	n drive?			-
(3) Provide a grant to an individual for travel, stu			Yes X	No
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions) .	a chantable, etc, organi	zation described	Yes X	No No
(5) Provide for any purpose other than religious, educational purposes, or for the prevention of	, charitable, scientific, lite of cruelty to children or ai	erary, or nimals?	Yes X	No S
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in a (see instructions)?	current notice regarding	disaster assistance		5b X
Organizations relying on a current notice regardi				
c If the answer is 'Yes' to question 5a(4), does the tax because it maintained expenditure responsib If 'Yes,' attach the statement required by Regular	ility for the grant?		Yes] No
6 a Did the foundation, during the year, receive any on a personal benefit contract?			1 1 1	No No
b Did the foundation, during the year, pay premium If 'Yes' to 6b, file Form 8870	ns, directly or indirectly, o	on a personal benefit con	tract?	6b X
7 a At any time during the tax year, was the foundati			L.J L.	No Silver
b If 'Yes,' did the foundation receive any proceeds				
Information About Officers, D and Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid	Employees,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c)Compensation (If not paid, enter -0-)	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Wm. Gordon Buckner				
P.O. Box 721,	Trustee			
Marshall MO 65340	3.00	0.	0.	0.
Leslie Coslet				
761 S. Brunswick,	Director			
Marshall MO 65340	1.00	0.	0.	0.
William B. Kessinger				
2917 Tomahawk, Shawnee	Director			
Mission KS 66208	1.00	0.	0.	0.
Frederick E. Hartley				
104 N. Brunswick,	Director			
Marshall MO 65340	1.00	0.	0.	0.
Compensation of five highest-paid employee (a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allowances
NONE			· · · · · · · · · · · · · · · · · · ·	
				<u> </u>
Total number of other employees paid over \$50,000 .				None
10121 Harriber of Guier Chiprofess paid 6401 400,000 1		<u></u> . .		, none

and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
	
~	
Total number of others receiving over \$50,000 for professional services	▶None
Part IX-A Summary of Direct Charitable Activities	
	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Scholarship Grants	
	42,500.
2	
	- - -
3	
·	_ _ _
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	
<u> </u>	
Total. Add lines 1 through 3	
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Pai	see instructions.)	gii loui	idations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes	2 to 1	
·a	Average monthly fair market value of securities	1 a	631,609.
t	Average of monthly cash balances	1 b	181,319.
C	Fair market value of all other assets (see instructions)	1 c	640.
C	l Total (add lines 1a, b, and c)	1 d	813,568.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c	1	
	(attach detailed explanation)	3.5	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	813,568.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	12,204.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	801,364.
6	Minimum investment return. Enter 5% of line 5	6	40,068.
Pai	Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating	found	ations
	and certain foreign organizations check here ► ☐ and do not complete this part.)		
1	Minimum investment return from Port V, line 6	1	40,068.
2 8	Tax on investment income for 2014 from Part VI, line 5	v-\$ -\$	
t	Income tax for 2014 (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2 c	1,857.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	38,211.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4		38,211.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		38,211.
Pai	Qualifying Distributions (see instructions)	, ,	
1	Amounts paid (including administrative expenses) to accomplish chantable, etc, purposes	7.5	
á	a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·		55,980.
	Program-related investments – total from Part IX-B		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes		
3	Amounts set aside for specific charitable projects that satisfy the	3 a	
ı	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	55,980.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,980.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	

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Part XIII Undistributed Income (see instructions)

		(a) Corpu	s	Years	(b) pnor to 20	013	(c 201	3		(d) 2014	
1	Distributable amount for 2014 from Part XI, line 7									20	211
2	Undistributed income, if any, as of the end of 2014			<u> </u>							211.
	Enter amount for 2013 only					ŀ		0.			
	Total for prior years 20 , 20 , 20						 				·
	Excess distributions carryover, if any, to 2014									· · · · · · · · · · · · · · · · · · ·	
	From 2009								ļ		
t	From 2010 0 .					İ					
	From 2011					İ					
	From 2012										
	From 2013										
f	Total of lines 3a through e	189	3,398.								
	Qualifying distributions for 2014 from Part		, , , , , ,								
	XII, line 4: ► \$ 55,980.										
a	Applied to 2013, but not more than line 2a	* **		\		1:38			3 %	*	***
Ł	Applied to undistributed income of prior years										
•	(Election required — see instructions)	ž				ŀ					
,	Treated as distributions out of corpus			1 f	?\ <u>`</u>	* 1	» \$	å.		*	*
·	(Election required — see instructions)					İ					
C	Applied to 2014 distributable amount		ί.		&.		*	*		••••	
E	Remaining amount distributed out of corpus	55	,980.	1 8	S.A.		T I	***	¥.×		
5	Excess distributions carryover applied to 2014		,211.					***************************************		38.	211.
	(If an amount appears in column (d), the same amount must be shown in column (a))) · · · · · · · · · · · · · · · · · · ·		, à	······································	*		*	ģ:	*	V\$
	same amount must be snown in column (a))		764	3, %.	**	* 1	" į		- Sport	\$ 2	
6	Enter the net total of each column as		,								
-	indicated below:		N. L.		· 🛝	*	* 1	44.		-dip	-36
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	207	,167.		7974	- 1	*	**	**		*
t	Prior years' undistributed income. Subtract										
	line 4b from line 2b	}. \$x.	£ 18.3			0.	A.A.	ž	.		. Dru
•	Enter the amount of prior years' undistributed	* **	ry			Ĭ	* *	*			
	income for which a notice of deficiency has been issued, or on which the section 4942(a)										
	tax has been previously assessed	;	13.3				- \$-:	.	### "	200 %	
c	Subtract line 6c from line 6b. Taxable	* '	•				*	>	*		
	amount – see instructions		···			0.					
e	Undistributed income for 2013 Subtract line 4a from		\$	- 17	>	- 🦠			2 0 4	94,	
	line 2a Taxable amount — see instructions							0.			
f	Undistributed income for 2014. Subtract lines										
•	4d and 5 from line 1. This amount must be		*	*			*	^			
-	distributed in 2015										0.
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by	İ									
	section 170(b)(1)(F) or 4942(g)(3) (Election					1					
	may be required — see instructions)									 	
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)		_			l					
	applied on line 5 or line 7 (see instructions)		0.				·····				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a					l					
10	Analysis of line 9	20/	,167.								
						ŀ					
	D Excess from 2010	1				į					
		1				l					
	03/1/1.	1				l					
	00/013.					l					
	Excess from 2014 55, 980.	<u> </u>									

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to any Purpose of grant or status of Amount foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year Angelhow, Elizabeth Scholarship 1498 Route O N/A Marshall MO 65340 2,000. Bule, James Scholarship 23462 N Saline 65 Hwy N/A None Marshall 65340 3,000. MO Bultman, Charlene Scholarship 3510 NE Akin Blvd #813 None N/A Lees Summit MO 64064 4,000. Castle, Christian Scholarship 626 S. Lake Drive None N/A Marshall 65340 2,500. Bond, Ciara Scholarship 1701 S Miamı, Apt #303 None N/A 65340 Marshall MO 2,000. Hartley, Abbey Scholarship 30 N. Brunswick N/A Marshall 65340 6,000. Hartley, Kathryn Scholarship 30 N. Brunswick 65340 Marshall N/A OM 8,000. Heinzler, Stephanie Scholarship 1515 W. Kay N/A None Marshall 65340 3,000. Morrison, Stormy Scholarship None 930 S Fairlawn St N/A Marshall 65340 MO 3,000. See Line 3a statement 9,000. 42,500. b Approved for future payment

Part XVIII Analysis of Income-Producing Activities

Enter ara	oss amounts unless otherwise indicated.	Lincolates	I business income	- Cycluded by	1000ton 513 513 er 514	 · · · · · · · · · · · · · · · · · ·
·	oss amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu-	y section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Pro	ogram service revenue	code		sion code		(See instructions.)
a						
b						
С						
d						
e						·
f						
g Fe	es and contracts from government agencies					
2 Me	embership dues and assessments					
	erest on savings and temporary cash investments			14	13.	
4 Div	vidends and interest from securities			14	47,726.	
	t rental income or (loss) from real estate					
	bt-financed property					
	t debt-financed property					
	rental income or (loss) from personal property					
7 Otl	her investment income					
	in or (loss) from sales of assets other than inventory					
	t income or (loss) from special events					
10 Gr	oss profit or (loss) from sales of inventory					
11 Otl	her revenue				* * * * * * * * * * * * * * * * * * *	Ž.
a			· · · · · · · · · · · · · · · · · · ·			
b						· · · · · · · · · · · · · · · · · · ·
c						
d				<u> </u>		
e				<u> </u>		
4.0						
12 Su	btotal. Add columns (b), (d), and (e)				47,739.	· · · · · · · · · · · · · · · · · · ·
	btotal. Add columns (b), (d), and (e) tal. Add line 12, columns (b), (d), and (e)				47,739.	47,739.
	btotal. Add columns (b), (d), and (e)				47,739.	47,739.
(See wor	rksheet in line 13 instructions to venfy calculations)			<u>-</u>	47,739.
(See wor Paπ≀X	rksheet in line 13 instructions to verify calculations Relationship of Activities to the	Accompli	shment of Exem	pt Purpos	ses	
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See wor	rksheet in line 13 instructions to verify calculations Relationship of Activities to the	Accompli	shment of Exem	pt Purpos	ses	

Form 990-PF (2014) Margaret G. Buckner Scholarship Trust 43-1735027 Part XVII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

de re a Tr (1 (2 b O (1 (2 (3) (4 (5) (66 c S)	escribed lating to transfers (as the constitution of the constitut	r assets	of the Code (other tions? g foundation to a incharitable exemple of a noncharitable in a noncharitable in the property of the code in the	pt organization. e exempt organization. e exempt organization. or fundraising so other assets, or implete the following the solution of the collection of t	empt organization cation cation cation cations catio	ons) or in section of	527,	1 a (2) 1 b (1) 1 b (2) 1 b (3) 1 b (4) 1 b (5) 1 b (6) 1 c	X
							less than fair market or services received		
(a) Line	no	(b) Amount involved	(c) Name (of noncharitable exer	npt organization	(d) Description	n of transfers, transactions	, and sharing arrangemer	ıts
	_								
		·							
	_								
						-			
			_						
						 			
	_								
			_						
de	escribe	undation directly or d in section 501(c) complete the follow	of the Code (other	d with, or related er than section 50	to, one or more to 11(c)(3)) or in sect	ax-exempt organization 527?	zations	· · · · Yes	√No
	(a)	Name of organiza	tion	(b) Type	of organization		(c) Description o	f relationship	
		-							
		<u></u>							
	Under po	enalties of perjury, I decl and complete Declaration	are that I have examine	d this return, including	accompanying schedu	es and statements, and	to the best of my knowledge	and belief, it is true,	
Sign Here	_ لہ	DH.	Sabre	<i>ш</i> храуог, 10 20000 0	5-1-15	Truste	·	May the IRS dis this return with to preparer shown (see instructions	the below
	Signat	ture of officer or trustee			Date	Title		Yes	No
Paid		Print/Type preparer's r		PA Ted J	Traczewski	Date Date	2 · 5 Check self-employed	X PTIN P01038785	
Prepa	ror	Firm's name		ACZEWSKI CE			 	3-1657279	
•		Firm's address		WAY 13	A		7 4	7 TOJ1213	
Use C	my		LEXINGTON	IWMI IS		10 64067-04	Phone no (660) 259-4343	2
BAA			TEVINGION		P	10 04007-04	IOO PROBEE (Form 990-PF	
								1 01111 330-F F	(4014)

Form 990-PF, Page 1, Part I, Line 18 Line 18 Stmt

Taxes	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Section 4940(e) tax	638.	638.	638.	
Foreign taxes				

Total 638. 638. 638.

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
PO Box rental	48.		48.	48.
Investment expenses	230.	230.	230.	
Total	278	230	278	4.9

Form 990-PF, Page 2, Part III, Line 3 Other Increases Stmt

 Recoveries of distributions
 18,305.

 Capital gains
 49,811.

 Total
 68,116.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P — Purchase D — Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
900sh PG&E Corp	Р	various	02/20/14
350sh Vodafone PLC	P	04/05/07	02/07/14
1,200sh Enbridge Energy Partners	P	01/18/12	03/18/14
500sh TC Pipelines LP	P	02/06/12	03/18/14
50,000 CD Capmark Bank	P	06/18/09	06/24/14
Capital gain distributions and Sec 1250 gains	P	various	12/31/14

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) ross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) mınus (g)
699.		37,613.	1 006
			1,086.
2,599.		9,545.	3,054.
32,291.		20,721.	11,570.
23,515.		16,844.	6,671.
50,000.		50,000.	0.
11,088.		0.	11,088.

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

Continued

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
Total		<u>134,723.</u>	33,469.	

Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (i) thru (I)

omplete only for assets the foundation on 12/3	s showing gain in column (l 31/69	h) and owned	(I) Gains (column (h)	
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (i) over column (j), if any	gain minus column (k), but not less than -0-) or losses (from column (h))	
0.	0.	0.	1,086.	
- · · · · · · · · · · · · · · · · · · ·			3,054.	
	 		11,570.	
	 		<u>6,671.</u> 0.	
0.	0.	0.	11,088.	
Total	0		22.460	
Total			33,469.	

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

Name and a (home or bu	addres	_	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Person or Business Checkbox Amount
a Paid during the year Van, Amy 814 W Morrow Marshall		 65340	None	 	Scholarship	Person or X Business 6,000.
Ulberg, Jennife 606 E. Yerby Marshall	er		None	 N/A	Scholarship	Person or X Business 2,500.
Walker, Randı 21208 Lime Aver Marshall	- 	65340	None	N/A	Scholarship	Person or X Business 500.

Form 990-PF, Page 1, Part I Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Harriman Law Firm	Consultation	232.		232.	232.
Total		232.		232.	232.

Form 990-PF, Page 1, Part I Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Ted J. Traczewski, CPA Elizabeth A. Kennon	Tax return preparation Bookkeeping	1,300. 13,095.	1,300.	1,300. 13,095.	13,095.
Total		14,395.	1,300.	14,395.	13,095.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of	Year
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value
American Electric Power Co - 800 shares	35,608.	48,576.
Dominion Res Inc 600 shares	34,639.	46,140.
Du Pont EI De Nemours - 525 shares	25,976.	38,818.
Ensco PLC - 600 shares	29,601.	17,970.
General Electric Co - 1,300 shares	33,010.	32,851.
Intel Corp - 1,200 shares	26,274.	43,548.
Kinder Morgan, Inc - 877 shares	36,429.	37,106.
Macerich Co REIT - 211 shares	13,258.	17,600.
Pinnacle West Cap Corp - 710 shares	39,186.	48,500.
PPL Corporation - 1,300 shares	36,729.	47,229.
Verizon Communications, Inc - 302 shares	14,530.	14,128.
Vodafone Group PLC New - 627 shares	31,328.	21,424.
Total	356,568.	413,890.

Form 990-PF, Page 2, Part II, Line 10c L- 10c Stmt

	End of	Year
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value
50,000 General Electric Capital Corp 3.5% 6/29/15	50,192.	50,730.
25,000 JP Morgan Chace 3.7% 1/20/2015	25,004.	25,042.
25,000 Goldman Sachs 6.25% 9/1/2017	26,050.	27,816.

Form 990-PF, Page 2, Part II, Line 10c L- 10c Stmt

Continued

	End of	End of Year		
Line 10c - Investments - Corporate Bonds:	Book Value	Fair Market Value		
40,000 Citigroup Inc. 4.45% 1/10/17	40,765.	42,283.		
Total	142,011.	145,871.		

Form 990-PF, Page 2, Part II, Line 13 L-13 Stmt

	End of	Үеаг
Line 13 - Investments - Other:	Book Value	Fair Market Value
Blackrock Capital & Income Strategy Fund - 1,033 shares	23,755.	14,431.
Clearbridge Energy MLP Fund - 1,285 shares	24,165.	35,466.
Eaton Vance Enhanced Equity Income Fund - 1,500 shares	28,546.	20,685.
Eaton Vance Tax-Managed Global Diversified Fund - 1,250 shares	22,828.	11,863.
Flaherty & Crumrine Claymore Preferred Sec Income Fund - 1,900 shares	47,547.	36,195.
Flaherty & Crumrine Claymore Total Return Fund - 2,000 shares	50,000.	39,560.
Gabellı Global Deal Fund - 1,000 shares	17,817.	10,230.
Goldman Sachs MLP Energy Renaissance Fund = 2,500 shares	50,000.	35,475.
Buckeye Partners LP - 600 shares	8,921.	45,396.
Plains All American Pipeline - 700 shares	8,613.	35,924.
Merrill Lynch Capital V Trust - 1,100 shares	27,500.	28,380.
Bank of America CD Linked to Bskt of 16 Sec - 5,000 units	50,000.	49,400.
Total	359,692.	363,005.

Supporting Statement of:

Form 990-PF, p2/Line 2(a)

Description	Amount
Wood & Huston Administrative Expense Account Merrill Lynch Money Market Account Merrill Lynch CD's	15,932. 44,436. 125,000.
Total	185,368.

Supporting Statement of:

Form 990-PF, p2/Line 2(b)

Description	Amount
Wood & Huston Administrative Expense Account	6,013.
UBS Bank USA Business Money Market Account UBS Certificates of Deposit	17,034. 154,908.
Total	177,955.

Supporting Statement of:

Form 990-PF, p2/Line 2(c)

Description	Amount
Wood & Huston Administrative Expense Account UBS Bank USA Business Money Market Account UBS Certificates of Deposit	6,013. 17,034. 154,358.
Total	177,405.

Supporting Statement of:

Form 990-PF,p12/Line 4 Column (d)

Amount
25,156.
7,008.
10,119.
2,396.
3,047.

Total 47,726.

Margaret G. Buckner Scholarship Trust

William G. Buckner P.O. Box 625 Marshall, Missouri 65340

SCHOLARSHIP APPLICATION

1.	What is your full name?
2.	What is your permanent mailing address? (This is the address where the Trust will send correspondence to you.)
3.	What are your telephone numbers? (These are the numbers the Trust will use to call you.)
	Home
	Cell
4.	What is your email address? (This may be utilized by the Trust as an alternate means to contact you.)
5.	What type of healthcare provider do you want to become? (For example: "MD specializing in Pediatrics;" "Registered Nurse;" "Dentist;" "Physical Therapist;" "Radiologic Technologist;" "Licensed Practical Nurse;" etc.)
	
6.	What healthcare training do you want to obtain with a Trust Scholarship? (For example, "Complete junior college courses for certification as Licensed Practical Nurse;" "Bachelor of Science Nursing;" "Bachelor of Science in Health Science and Medical Doctor in Family Medicine;" etc.)

7.	When would you complete your training (For example, "June 2022;" "Undergraduate June 2022 & Graduate June 2024;" etc.)
8.	What total amount of Trust Scholarship funds will you need to complete your training?
9.	How long would you agree to use your training to provide healthcare services in the Saline County, Missouri area? (For example: "5 years.")
10	In what capacity would you agree to provide healthcare services in the Saline County, Missouri area? (You may provide these services as a private practitioner, as a member of a group of practitioners, as an employee of a local hospital, nursing home or other medical facility, etc. Specific private practice or employment arrangements are not necessary at this time; only a general answer is requested by this question. For example: "Employee of local hospital or doctor's office.")
11	. Would you agree to live in Saline County, Missouri while you are providing your post-training healthcare services described in your answers to questions 8 and 9?

Please answer the following questions on separate sheets of paper and attach those sheets to this application.

- 12. What is your prior academic record? Please identify with names, dates and general descriptions the High School from which you graduated and all of your post-High School education, if any. Please attach an official transcript of your record from each of these educational institutions and the results of standard national academic achievement tests, such as SAT's or ACT's.
- 13. Where and when would you obtain the training described in Question 5? Have you applied for admission to, or been accepted as a student, by one or more of these educational institutions? What curriculum or course of study would you pursue at each institution? When would you graduate? What degree of certification would you obtain upon graduation?
- 14. How did you calculate the amount set out in Question 7? Please prepare and attach a budget of your anticipated income and expenditures during the proposed training period. The Trust may authorize a Scholarship to pay some or all of the costs of your training. These costs may include tuition, books and supplies, room and board, and other anticipated expenses. You may ask the Trust to pay some of these costs and agree to pay

the remaining costs yourself from your income, savings or other sources, or you may ask the Trust to pay all of these costs. Please describe how you would pay or provide for your training costs and living expenses which are not paid by a Trust Scholarship. (Trust Scholarships are not awarded based on economic need, although that is considered. Rather, Trust Scholarships are awarded to those applicants whom the Trust's Directors believe are most likely to effectively benefit the residents of the Saline County, Missouri area by successfully completing their training and by using that training to provide healthcare services in that area for the agreed upon minimum periods of time.)

- 15. How long have you been, or during what periods were you, a resident of Saline County, Missouri? Do you have any other ties or relationships with the Saline County, Missouri area? (Preference will be given to applicants who are residents of, or who have other ties to this area.)
- 16. Please briefly set out and other information which you want the Trust to consider regarding this application. (For example, what personal motivations, characteristics, activities, employment history or commitments indicate that you are likely to successfully complete your proposed training and to use that training to provide healthcare services in the Saline County, Missouri area for the agreed upon minimum period of time.)
- 17. Please attach three references to this form.

By signing this Scholarship Application, I promise that the information set out in the answers to the questions in this application, including all attachments to this application, are true and complete to the best of my knowledge and belief.